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Appln No. 09/603,834

TECHNOLOGY CENTER R3700

Amdt date July 2, 2003

Reply to Office action of April 8, 2003

PATENT



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 30, 2003.

C. Healion  
C. Healion

Appl No. : 09/603,834

Applicant : Michael Kraus, et al.

Filed : June 26, 2000

Title : METHOD AND APPARATUS FOR DATA TRANSMISSION BETWEEN AN ELECTROMEDICAL IMPLANT AND AN EXTERNAL APPARATUS

TC/A.U. : 3762

Examiner : Frances P. Oropeza

Docket No. : 39727/RJP/E43

Mail Stop AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Post Office Box 7068

Pasadena, CA 91109-7068

Commissioner:

**AMENDMENT AFTER FINAL**

In response to the Office action of April 8, 2003, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the list of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 10 of this paper.



AP13162  
#17

PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
AMENDMENT TRANSMITTAL LETTER**

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 2, 2003.

03. C. Fealton

C. Healion

Applicant : Michael Kraus, et al.  
Application No. : 09/603,834  
Filed : June 26, 2000  
Title : METHOD AND APPARATUS FOR DATA TRANSMISSION  
BETWEEN AN ELECTROMEDICAL IMPLANT AND AN EXTERNAL  
APPARATUS

Grp./Div. : 3762  
Examiner : Frances P. Oropeza

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TECHNOLOGY CENTER B3700

PostOffice Box 7068

Pasadena, CA 91109-7068

July 2, 2003

**Commissioner:**

Enclosed is an amendment to the above-identified application.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	20+2	*26	0	0 x \$9.00	0 x \$18.00	0
Independent Claims	2	** 3	0	0 x \$42.00	0 x \$84.00	0
Multiple Dependent Claims ***				\$140.00	\$280.00	0
TOTAL FILING FEE						0
NO ADDITIONAL FEE REQUIRED ****		IF NO FEE REQUIRED, INSERT "0"				0

**Amendment Transmittal Letter  
Application No. 09/603,834**

Attached is our check for \$ to pay the fees calculated above.

A Petition for Extension of Time and the required fee are enclosed.

Other enclosures:

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. **A copy of this letter is enclosed.**

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By Richard J. Paolini

Richard J. Paolini  
Reg. No. 28,248  
626/795-9900

RJP/cah

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